



# DIGITAL TOOLS AND RESOURCES

YOUR 2024 M-NCPPC BENEFITS

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**Enrolling in  
Your Benefits**

**2**

**Benefits for Employees  
and Retirees**



**CLICK ON THE  
NAVIGATION  
MENU**

**DIGITAL TOOLS AND  
RESOURCES ARE AVAILABLE  
FROM ANYWHERE, 24 HOURS  
A DAY/7 DAYS A WEEK AND  
ALLOW YOU TO OBTAIN  
INFORMATION TO HELP YOU  
UNDERSTAND AND NAVIGATE  
YOUR BENEFITS, ACCESS CARE,  
FIND THE RIGHT PROVIDER,  
PRINT OR DISPLAY DIGITAL  
ID CARDS, MANAGE YOUR  
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Note: The information in this guide is a summary of the benefit plans offered to employees/retirees and their dependents. In the event of any discrepancies between the information in the guide and official plan documents, the plan documents supersede. The Commission reserves the right to make changes to its benefits program for all employees, retirees and beneficiaries. Benefits are subject to the actual plan terms in effect as of a given time. In the event of a conflict between the terms of any benefit plan and this summary, the terms of the benefit plan will control.

**In this guide you will find benefit plan digital tools and resources to help you choose and utilize the benefits and solutions that best fit your personal and family needs.**

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# ENROLLING IN YOUR BENEFITS





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# ENROLLING IN YOUR BENEFITS

## ELIGIBILITY

- ▶ **Eligible Employees:** Career FT/PT, Appointed, P/T Commissioners, Merit Board, and Contract (limited benefits)
- ▶ **Retirees** must meet the 36-month Coverage Rule: Insured under Commission-sponsored group healthcare plan(s) (or able to prove comparable coverage in another plan) during the three years immediately preceding the date of retirement. When reach age 65 retiree (dependent) must be enrolled in Medicare Part A and Part B.
- ▶ **Eligible dependents** include your:
  - Legal spouse (as recognized under Maryland law).
  - Child up to age 26 (biological, stepchildren, adopted children, and children for whom you have legal guardianship (prior to 18th birthday).
  - Disabled children, beyond age 26, regardless of age, as determined by medical certification upon approval by carrier prior to the dependent child reaching 26.
  - Domestic partner (as certified by the Commission) and eligible child(ren). (Streamlined process beginning 1/1/2024. Contact the Health & Benefits Office.)



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## WHEN TO ENROLL

- ▶ **New Hires/Rehires/Change to a Benefit Eligible Status** – 45 days following your date of hire. (60 days to enroll in the Sick Leave Bank).
- ▶ **Retirees** – Effective immediately, can make allowed plan changes anytime throughout the year; not restricted by Open Enrollment period and deadlines. For example, Delta Dental POS to DeltaCare HMO, UnitedHealthcare Choice POS Plan to Kaiser HMO or EyeMed Vision Low Level to EyeMed Vision High Level. (Exception: If you are enrolled in the Prepaid Legal or Vision (Low/Moderate High Level) Plan, during any Plan Year. (Jan 1 – December 31), you must remain enrolled until the end of that Plan Year, i.e., December 31 before cancelling.)
  - If a retiree drops coverage for themselves or a dependent, reinstatement at a later date requires proof of continuous comparable coverage up to the date of request for reinstatement. Medicare plan is not a comparable medical plan, since the Commission does not offer Medicare.
  - Retirees may not add new dependents-spouse, children after retirement.
- ▶ **Annual Open Enrollment**– Eligible employees must enroll/make allowed changes in their benefit elections by November 13, 2023. Elections will be effective January 1, 2024.
- ▶ **Qualifying Life Events**– Eligible employees can change their benefit elections and add/drop eligible dependents mid-year within 45 days of a qualifying event such as, marriage, birth/adoption, divorce, gaining other coverage or loss of coverage.



Employees adding dependents, must submit marriage license for spouse, birth certificate / adoption / guardianship documents for children, and Social Security card for each dependent.



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# HOW TO ENROLL

**1** During Open Enrollment it is preferable that employees enroll via the Employee Self Service System (ESS).



Click here to go directly to the **[Employee Self Service System](#)**



Click here to follow the **[Employee Self Service Guide](#)**

**2** Retirees and employees unable to enroll via ESS may enroll using a paper form.



Click here for the **[EMPLOYEE Benefits Enrollment/Change Form](#)**



Click here for the **[RETIREE Benefits/Enrollment Change Form](#)**

## FORMS CAN BE SUBMITTED AS FOLLOWS:



**HAND DELIVERED OR MAILED**

M-NCPPC Health & Benefits Office  
6611 Kenilworth Avenue, Suite 404  
Riverdale, MD 20737

**Drop Box on 1st Floor in the Lobby**



**EMAIL** [benefits@mncppc.org](mailto:benefits@mncppc.org)



**FAX** 301-454-1687





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# BENEFITS FOR EMPLOYEES AND RETIREES



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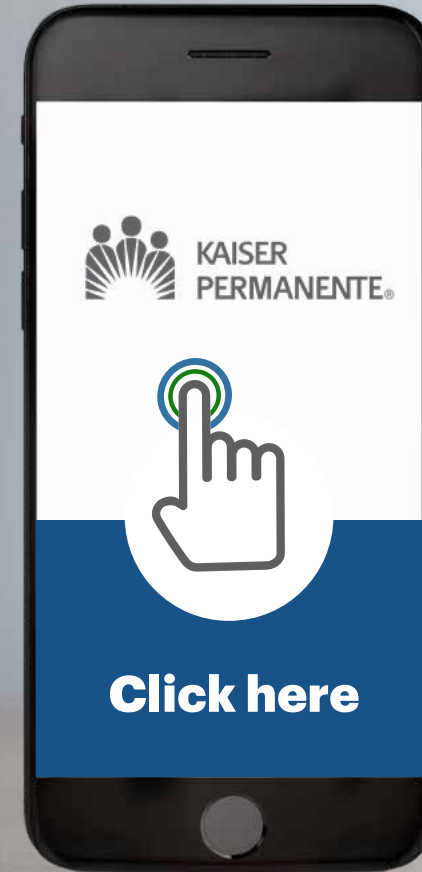
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# MEDICAL PLANS

**YOUR MEDICAL PLAN DIGITAL APPS AND RESOURCES:**



- MEDICAL PLAN
- PRESCRIPTION DRUG PLAN
- DENTAL PLAN
- VISION PLAN
- LEGAL SERVICES PLAN
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Medical Plans sponsored by the Commission for employees and retirees are through Kaiser Permanente and UnitedHealthcare. A brief outline of each medical plan follows. First for those not eligible for Medicare and second for those eligible for Medicare. If age 65, you must be enrolled in Medicare Part A and Medicare Part B.

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	 <b>UNITEDHEALTHCARE CHOICE PLUS POS</b>		 <b>UNITEDHEALTHCARE SELECT EPO</b>	 <b>KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE</b>
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
<b>Annual Deductible</b>	None	\$250 individual \$500 2-member \$600 family	None	None
<b>Annual Out-of-Pocket Limit</b>	\$600 individual \$1,200 2-member \$1,800 family <i>Includes copays; does not include deductible</i>		\$1,100 individual \$3,600 family <i>Does not include copays</i>	\$1,100 individual \$3,600 family <i>Includes copays</i>
<b>Preventive Care</b>	\$0 copay	Covered 80% after deductible	\$0 copay	\$0 copay
<b>Office Visits</b>	\$10 copay	Covered 80%	\$10 copay	\$10 copay
<b>Emergency Room</b>	\$50 copay, waived if admitted	\$50 copay, waived if admitted	\$50 copay, waived if admitted	\$50 copay, waived if admitted
<b>Urgent Care Center</b>	\$10 copay	Covered 80% after deductible	\$15 copay	\$15 copay
<b>Virtual Visit</b>	\$0 copay	Covered 80% after deductible	\$0 copay	\$0 copay
<b>24/7/365 Care by video chat or phone</b>	 Go to: <a href="#">UHC Virtual Visits</a>  For Behavioral Health: <a href="#">Confidential Counseling</a>	 <b>SAME</b>  <b>SAME</b>	 <b>SAME</b>  <b>SAME</b>	 Go to: <a href="#">Kaiser Permanente Virtual Health</a>

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	UNITEDHEALTHCARE CHOICE PLUS POS		UNITEDHEALTHCARE SELECT EPO	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
<b>Inpatient Surgery</b>	\$0 copay	Covered 80% after deductible, plus \$100 inpatient deductible	\$0 copay	\$0 copay
<b>Outpatient Surgery</b>	\$10 copay in office \$0 copay at facility	Covered 80% after deductible	\$0 copay in office \$25 copay at facility	\$25 copay
<b>Mental Health &amp; Substance Abuse • Inpatient</b>	Covered 100%	Covered 80% after deductibles	Covered 100%	Covered 100%
<b>Mental Health &amp; Substance Abuse • Out-Patient Services</b>	\$10 copay	Covered 80% after deductibles	\$10 copay	\$5 copay, group therapy \$10 copay, individual therapy
<b>Out-of-the-Country</b>	Bona fide emergencies are covered	Bona fide emergencies are covered	Bona fide emergencies are covered	Bona fide emergencies are covered
<b>Hearing Aids</b>	80% covered every 36 months, up to \$3,000 maximum  Go to: <a href="http://www.UHChearing">www.UHChearing</a> call 1-866-926-6632	80% covered every 36 months, up to \$3,000 maximum <b>SAME</b>	80% covered every 36 months, up to \$3,000 maximum <b>SAME</b>	1 hearing aid every 6 months covered up to \$1,000

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## MEDICAL PLAN OPTIONS (If You are Eligible for Medicare due to Age or Disability at any Age)

- You must enroll in Medicare Part A and Part B.
- You should apply 3 months before you become eligible for Medicare.
- Medicare is primary and the Commission plans is secondary.

Active employees (and their eligible dependents) are not required to enroll in Medicare when they reach age 65; your medical plan remains primary for you and your eligible dependents.

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	<b>UNITEDHEALTHCARE CHOICE PLUS POS MEDICARE</b>	<b>UNITEDHEALTHCARE SELECT EPO</b>	<b>KAISER PERMANENTE MEDICARE ADVANTAGE HMO WITH PRESCRIPTION DRUG COVERAGE</b>
	<b>MEDICARE COMPLEMENT</b>	<b>MEDICARE ELIGIBLE</b>	
<b>Annual Deductible</b>	None; the plan pays Part A and Part B deductibles	None; but you must pay Part A and Part B deductibles	None
<b>Annual Out-of-Pocket Limit</b>	N/A	\$1,100 individual \$3,600 family <i>Does not include copays</i>	\$3,400 <i>Includes copay and coinsurance</i>
<b>Preventive Care</b>	Remaining 20% of Medicare approved amount	\$0 copay	\$0 copay
<b>Office Visits</b>	Remaining 20% of Medicare approved amount	\$10 copay	\$10 copay
<b>Emergency Room</b>	Remaining 20% of Medicare approved amount	\$50 copay, waived if admitted	\$50 copay, waived if admitted
<b>Urgent Care Center</b>	Remaining 20% of Medicare approved amount	\$15 copay	\$15 copay

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- You must enroll in Medicare Part A and Part B. Medicare is primary and the Commission plans is secondary.



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Table with 3 columns: United Healthcare Medicare Complement, United Healthcare Medicare Eligible, and Kaiser Permanente Medicare Advantage HMO. Rows include Virtual Visit, Inpatient Surgery, Outpatient Surgery, Mental Health & Substance Abuse (Inpatient/Out-Patient), Out-of-the-Country, and Hearing Aids.

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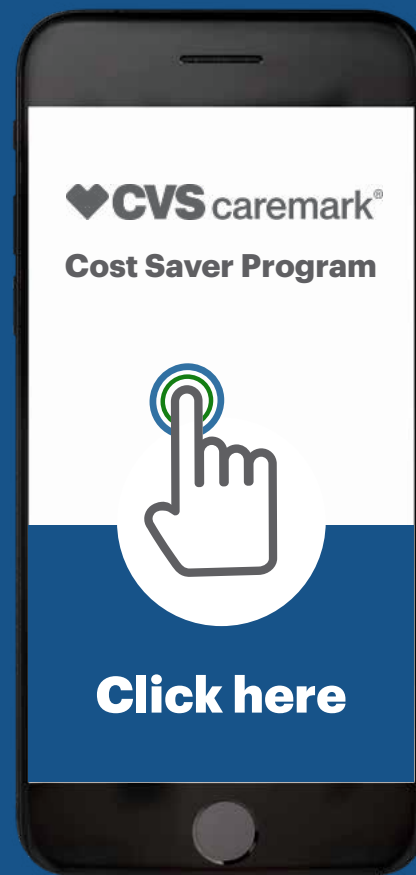
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# PRESCRIPTION DRUG PLAN

## CAREMARK COST SAVER PROGRAM

Cost Saver provides members with automatic access to GoodRx's prescription pricing that allows them to pay lower prices, when available, on non-specialty generic medications. Plan members present their existing benefit card at their preferred in-network pharmacy. No additional action is required by the member.

## YOUR PRESCRIPTION PLAN DIGITAL APPS AND RESOURCES



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## PRESCRIPTION DRUG PLANS (for eligible Employees and Retirees Not Medicare Eligible)

- Caremark is a standalone plan. You can enroll in this plan separately or along with a UnitedHealthcare plan.
- Kaiser Permanente Plans include prescription drug coverage.



DRUG TYPE	CVS CAREMARK PRESCRIPTION PLAN		KAISER PERMANENTE PRESCRIPTION PLAN	
	Participating Retail Pharmacy (up to 34-day supply)	CVS Mail Order or CVS Pharmacy (up to 90-day supply)	Pharmacy/Network Pharmacy (up to 30-day supply)	Mail Order Pharmacy/Network Pharmacy (up to 90-day supply)
<b>Generic Drugs</b>	\$8 copay	\$16 copay	\$7/\$10 copay	\$14/\$20 copay
<b>Preferred Brand Name Drugs</b>	\$16 copay	\$32 copay	\$15/\$20 copay	\$30/\$40 copay
<b>Non-Preferred Brand Name Drugs</b>	\$25 copay	\$40 copay	\$30/\$35 copay	\$60/\$70 copay
<b>Specialty Drugs</b>	N/A	\$0 copay if enrolled in <a href="#">PrudentRx</a> ; otherwise, you pay 30% of the cost of the <a href="#">Specialty Drug</a>	N/A	N/A
<b>Lifestyle Drugs</b>	50% copay	50% copay	N/A	N/A

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## PRESCRIPTION DRUG PLANS (for Medicare Eligible)

- SilverScript is a standalone Medicare Part D plan administered by Caremark. You can enroll in this plan separately or along with a UnitedHealthcare medical plan. You must be enrolled in Medicare Part A and Part B.
- Do not enroll in SilverScript if you enroll in the Kaiser Medicare Advantage or in another Medicare Part D plan.



DRUG TYPE	SILVERSCRIPT PRESCRIPTION PLAN (Approved Medicare Part D Prescription Drug Plan Administered by CVS Caremark)*		KAISER MEDICARE ADVANTAGE PRESCRIPTION PLAN		
	Network Pharmacy (up to 30-day supply)*	Network Mail Order or Network Retail Pharmacy (up to 90-day supply)	Pharmacy/ Network Pharmacy (up to 60-day supply)	Mail Order Pharmacy/ Network Pharmacy (up to 90-day supply)	Affiliated Network Pharmacy (Giant, Rite Aid, Target, Walmart) (up to 90-day supply)
<b>Generic Drugs</b>	\$8 copay*	\$16 copay*	\$10 copay	\$5 copay	\$15 copay
<b>Preferred Brand Name Drugs</b>	\$16 copay*	\$32 copay*	\$10 copay	\$5 copay	\$15 copay
<b>Non-Preferred Brand Name Drugs</b>	\$25 copay*	\$40 copay*	\$10 copay	\$5 copay	\$15 copay

\*As a SilverScript participant, you pay the copayments listed above, up to \$8,000.



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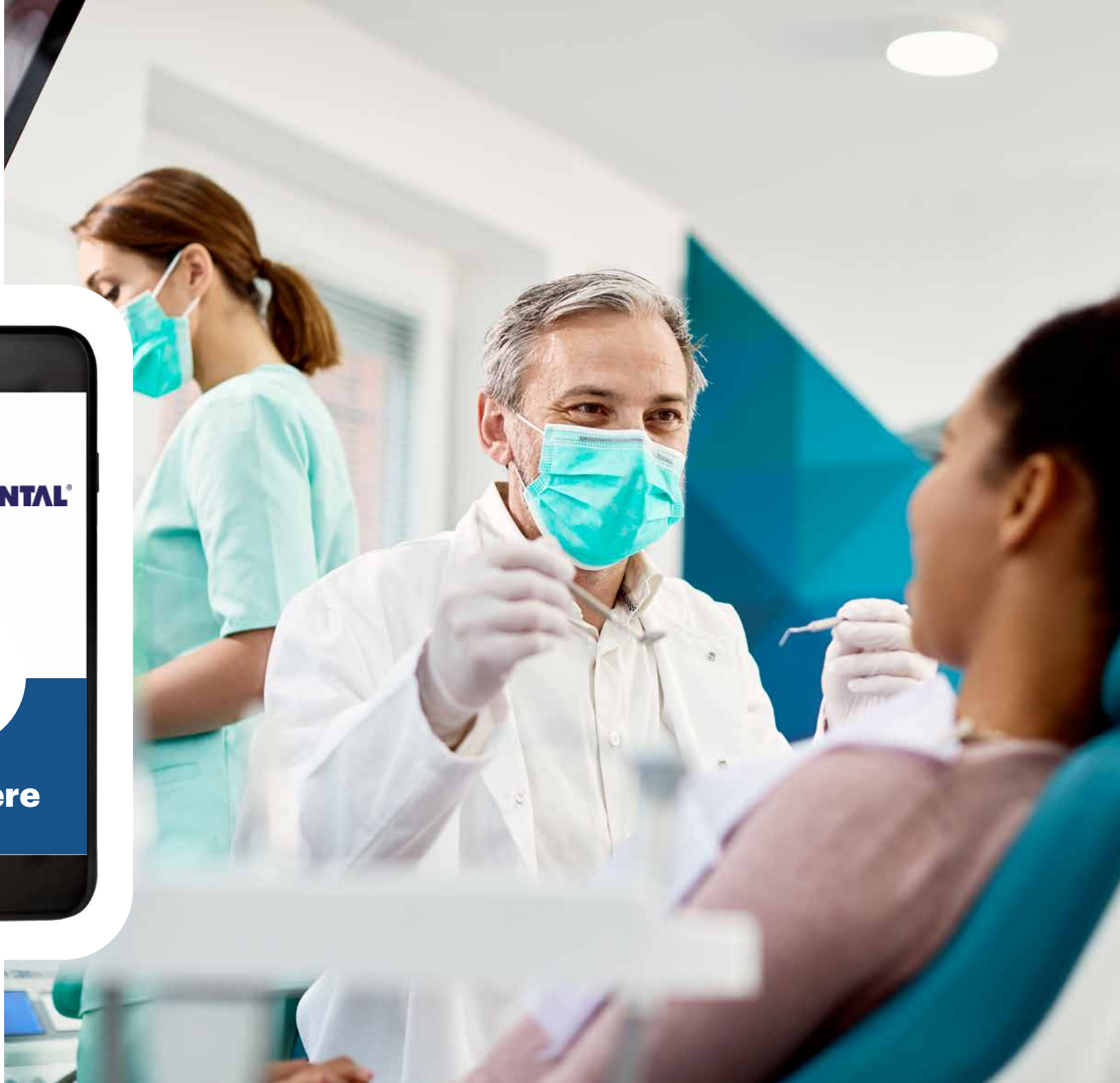
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## DENTAL PLAN OPTIONS

- The DeltaCare USA HMO only pays benefits when you see a provider in the DeltaCare network
- The Delta Dental PPO allows you to receive care from any dentist. Your out-of-pocket costs will be lowest when you see a provider in the Delta Dental PPO network and slightly higher when you see a provider in the Delta Dental Premier network and highest when you see a non-Delta Dental provider.

### \* Beginning January 1, 2024, under the Delta Dental PPO Plan:

- Number of in-office exams increased from 2 to 4 per year
- Unlimited Virtual Exams
- Diagnostic and Preventive Services will not count towards the \$2,000 calendar year maximum (The extra money can be allocated for non-Diagnostic and Preventive Services)



	DELTACARE USA HMO	DELTA DENTAL PPO	
	In-Network	In-Network	Non-Delta Dental Provider
<b>Annual Deductible</b>	None	\$50/person \$150/family	\$100/person \$300/family
<b>Annual Benefit Maximum</b>	None	\$2,000/person each calendar year	\$2,000/person each calendar year
<b>Diagnostic &amp; Preventive Services- Exams, cleanings, x-rays and sealants</b>	Refer to the  <a href="#">DeltaCare Fee Schedule</a>	Covered at 100%	Covered at 100%**
<b>Basic Services – Fillings, root canals, gum treatments, oral surgery</b>	Refer to the  <a href="#">DeltaCare Fee Schedule</a>	Covered at 80% after deductible	Covered at 80%** after deductible
<b>Major Services – Crowns, inlays, onlays and cast restorations</b>	Refer to the  <a href="#">DeltaCare Fee Schedule</a>	Covered at 60% after deductible	Covered at 60%** after deductible
<b>Orthodontics – Adults and dependent children</b>	Refer to the  <a href="#">DeltaCare Fee Schedule</a>	Covered at 60% \$2,000 lifetime maximum	Covered at 60%** \$2,000 lifetime maximum

\*\*Non-Delta Dental providers can bill you for charges that exceed their reimbursement from Delta Dental.





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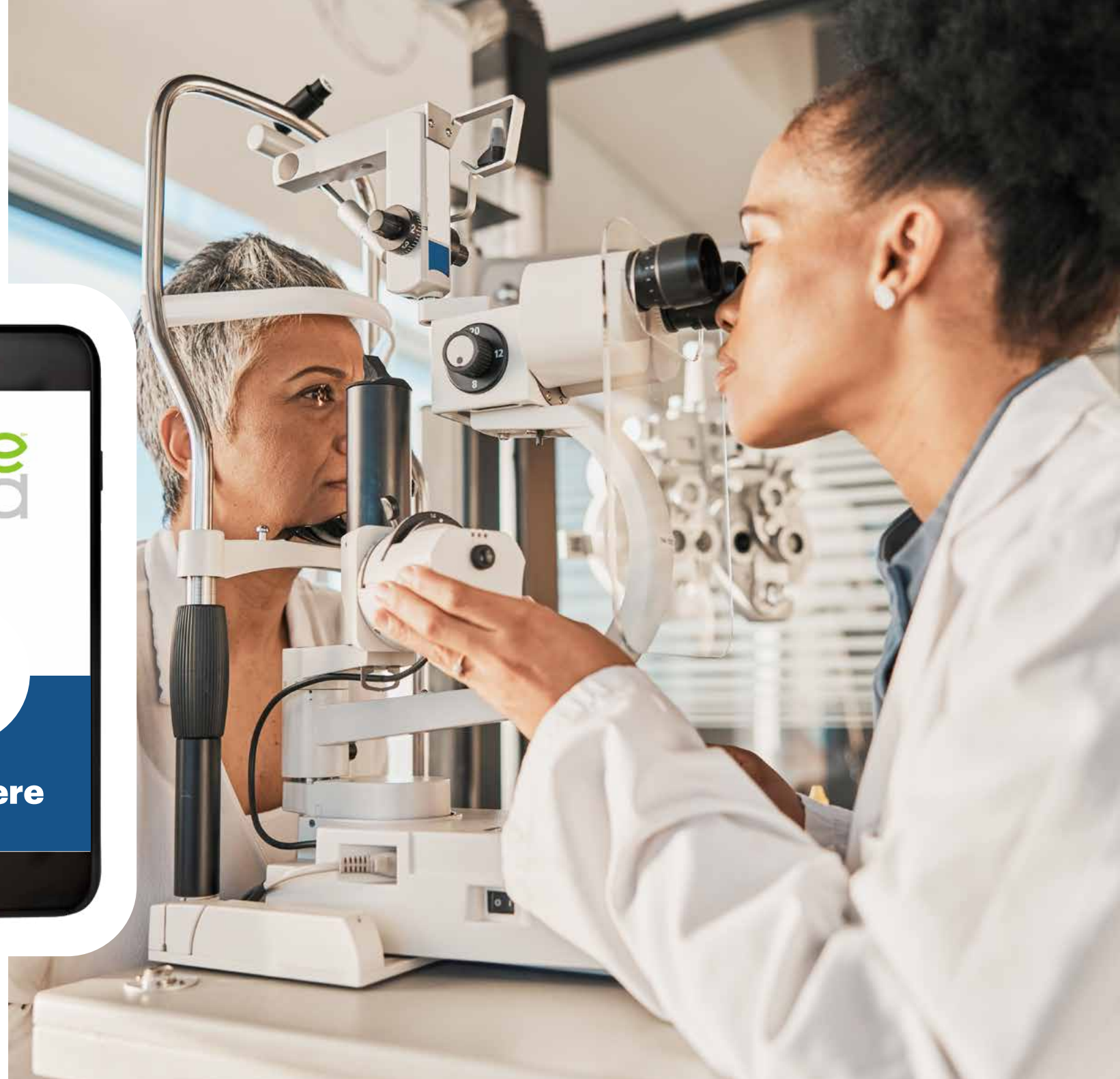
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## EYEMED VISION PLAN OPTIONS

PLAN FEATURE	LOW PLAN*	MODERATE PLAN*	HIGH PLAN*
<b>FREQUENCY OF VISION CARE SERVICES</b>			
<b>Exam</b>	Every plan year	Every plan year	Every plan year
<b>Frame</b>	Every other plan year	Every other plan year	Every plan year
<b>Lenses</b>	Every other plan year	Every plan year	Every plan year
<b>Contact Lenses</b>	Every other plan year	Every plan year	Every plan year
<b>IN-NETWORK PROVIDER MEMBER COST*</b>			
<b>Frames</b>	\$150 allowance; 20% off balance over \$150	\$150 allowance; 20% off balance over \$150	\$250 allowance; 20% off balance over \$250
<b>Conventional Contact Lenses</b>	\$130 allowance; 15% off balance over \$130	\$130 allowance; 15% off balance over \$130	\$200 allowance; 15% off balance over \$200
<b>IN-NETWORK COVERED LENS OPTIONS</b>			
<b>Standard Anti-Reflective Coating</b>	Up to \$45 copay	Up to \$45 copay	\$0 copay
<b>Standard Progressive</b>	\$55 copay	\$55 copay	\$0 copay
<b>Standard Tint (Solid/Gradient)</b>	Up to \$15 copay	Up to \$15 copay	\$0 copay
<b>Standard Photochromic/Transition</b>	\$75 copay	\$75 copay	\$0 copay

\*If you use an out-of-network provider, you may need to pay at time of service and submit a claim for any applicable reimbursements. If the provider charges more than EyeMed's allowance, you may have to pay the difference.



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# LEGAL SERVICES PLAN

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LEGAL RESOURCES	
<b>Who is Covered</b>	You, your spouse, and your dependent children up to age 19 or up to age 23, if a full-time student. *Your parents will receive a 25% discount for legal needs
<b>Attorney Assignment</b>	You must select one participating firm for all of your legal needs.
<b>Legal Consultation</b>	Unlimited in-person or telephone advice and consultation for fully covered services
<b>Cost of Services Not Covered Under the Plan</b>	25% discount

\*Legal services may not be used for any Commission related law suits. You must remain in the plan for 12-months.

For more information on these services go to

 [LegalResources.com](https://www.LegalResources.com) or call 1-800-728-5768.





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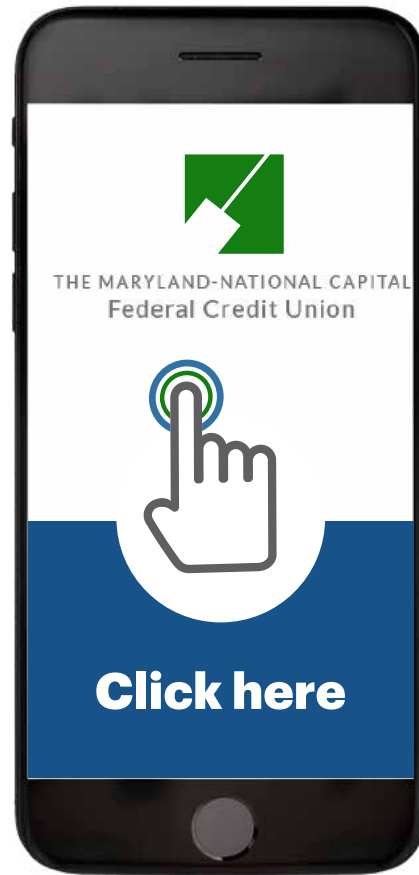


# CREDIT UNION

All employees/retirees and members of their extended families are eligible for membership with the M-NCPPC Federal Credit Union (FCU). FCU membership provides Loans (Signature, Cash, Used/New/Hybrid Vehicles, Home Equity), Savings Accounts, IRAs, Holiday Accounts, Certificates of Deposit and more. The minimum needed to open an account is \$5.00. All deposits up to \$250,000 are insured by the National Credit Union Association.

For more information, contact the M-NCPPC FCU at 301-277-8630.

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LONG-TERM DISABILITY

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# FLEXIBLE SPENDING ACCOUNTS (FSAs)

The Health Care FSA and Dependent Care FSA are designed to help you save on taxes by allowing you to set aside money, up to certain limits, on a pre-tax basis to pay for eligible healthcare or dependent care expenses. When you reduce your taxes, you increase your spendable income. Let Voya-Benefit Strategies show you how much you can save in taxes; increasing your spendable income.

## YOUR FLEXIBLE SPENDING PLAN DIGITAL APPS AND RESOURCES



### NEW LIMITS FOR 2024

#### Health Care FSA | \$3,050/year

In 2024, you can contribute up to \$3,050 and use this account to pay for eligible medical, dental, and vision expenses, such as copays, deductibles, and other expenses not covered by your health insurance. The Health Care FSA also features a debit card that makes it easier to access funds.

#### Dependent Care FSA | Up to \$5,000/year

In 2024, you can contribute up to \$5,000 if Single or Married Filing Jointly (\$2,500 if Married Filing Separately) and use this account to pay for eligible day care expenses for your children up to age 13, or your dependents of any age who are physically or mentally unable to care for themselves and for whom you contribute more than half of their financial support. You may also use your debit card if your provider is set up to do so.

*Please note, you may only receive reimbursement from your Dependent Care FSA as funds are deposited into your account. In addition, you will need to provide your Dependent Care Provider's Tax ID number or Social Security number for reimbursement from your Dependent Care FSA.*

### PLAN CAREFULLY

Because of the tax advantages these accounts provide, IRS requires that unused money left in your Health Care FSA and Dependent Care FSA at the end of the plan year must be forfeited. Funds remaining after 3/31/2025 will be forfeited (includes grace period from January 1, 2025 – March 15, 2025 to incur additional eligible expenses.) File your claim no later than March 31, 2025.

Need to know more about FSAs, including how they work, eligible Healthcare and Dependent Care expenses and the use it or lose it rule? Review Voya-Benefit Strategies' **FAQs**.



**IMPORTANT: FSA elections do not roll over to the next calendar year. you must re-enroll each year, even if choosing the same amount.**



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# GROUP LIFE AND AD&D INSURANCE

Basic and Accidental Death & Dismemberment (AD&D) plans are automatic (unless you opt-out). You pay 20% of the premium. You can also obtain Supplemental and Spouse/Dependent coverage and you pay 100% of the cost. All plans are term insurance-there is no cash or surrender value.

**YOUR GROUP LIFE DIGITAL RESOURCES- LIFESTYLE BENEFITS**



Coverage	Amount
<b>Basic Life</b>	2 times annual base salary up to \$200,000
<b>AD&amp;D</b>	2 times annual base salary up to \$200,000
<b>Supplemental</b>	1-5 times your annual base pay up to \$750,000 (Guaranteed Issue up to 3 times annual base pay not to exceed \$300,000 without Evidence of Insurability for newly eligible employees)
<b>Spouse/Dependent</b>	\$10,000/\$5,000, \$20,000/\$10,000, or \$30,000/\$15,000 *Spouse must submit Evidence of Insurability if \$30,000/\$15,000 is elected **You may continue coverage for disabled dependents if proof of disability provided 30 days prior to reaching age 26.

FOP members receive FREE \$50,000 Supplemental AD&D coverage.

If you apply outside of your initial eligibility period (45-days after hire/rehire or QLE), Evidence of Insurability will be required; subject to carrier approval.





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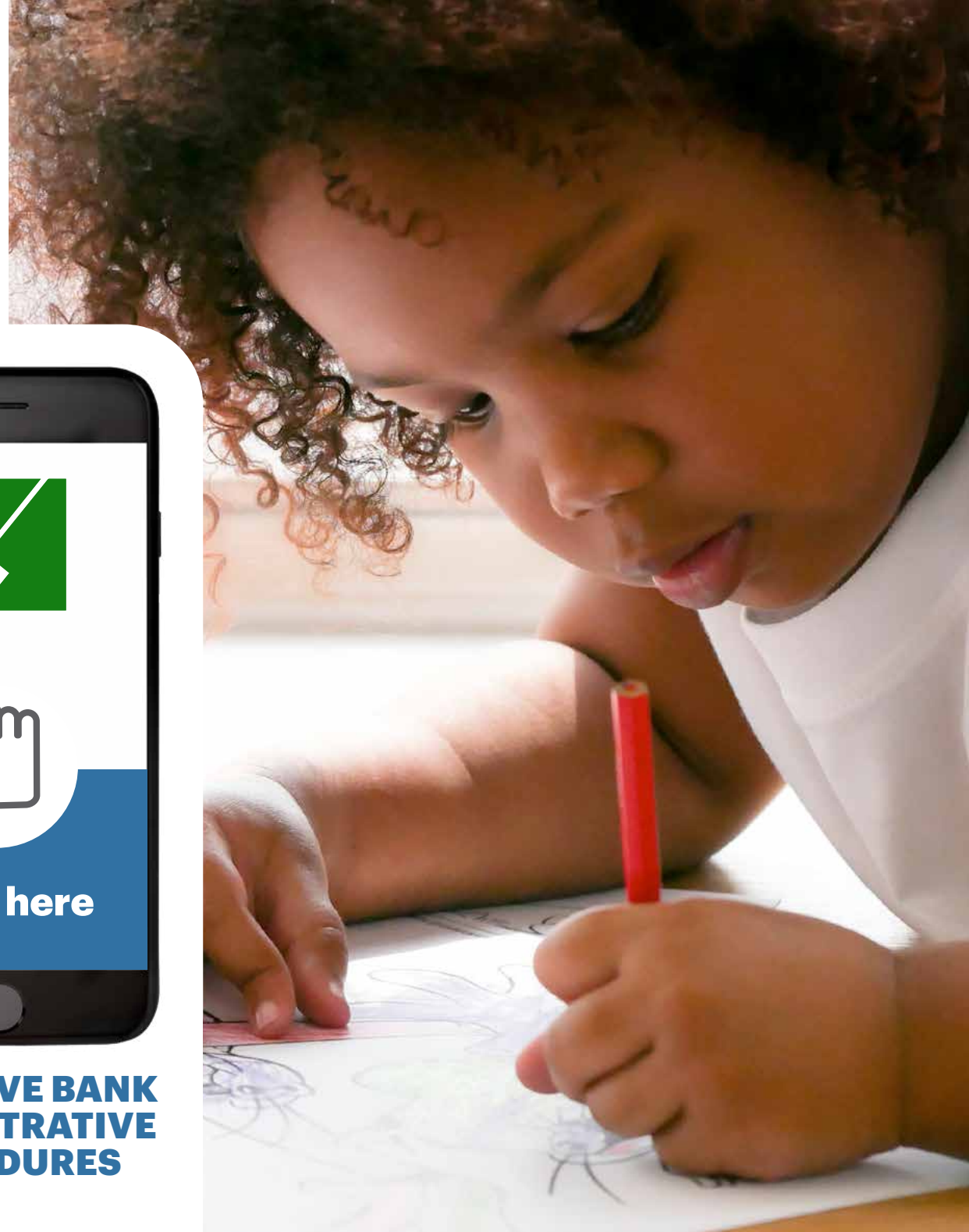


## SICK LEAVE BANK

The Sick Leave Bank is a voluntary short-term, income-replacement disability program that enables members who exhaust their accrued leave to access a source of paid leave when they are unable to perform their job for an extended period of time and need it most; in the event of their own serious illness (including pregnancy), the illness of a family member or parental responsibilities (newborn, adoption, foster care). Participants may be required to donate up to 8 hours of their sick/annual leave (up to 4 hours for part-time merit employees) each year. You can enroll within your first 60 days of hire/rehire or open enrollment.



**SICK LEAVE BANK ADMINISTRATIVE PROCEDURES**



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## LONG-TERM PROGRAMS: BASIC LONG-TERM DISABILITY AND SUPPLEMENTAL LONG-TERM DISABILITY

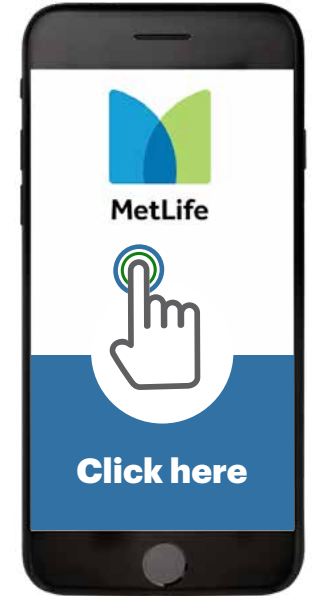
### Basic Long-Term Disability (LTD)

You are automatically enrolled in the basic Long-Term Disability plan. You pay 20% of the premium. If you become disabled more than 120 days, your LTD plan replaces 66 2/3% of your basic monthly earnings up to a maximum of \$6,000 per month. (Note: Park Police may have different benefit levels and/or cost share of premiums; refer to your collective bargaining agreement.)

### Supplemental Long-Term Disability

If you earn more than \$108,000 annually, you are eligible to enroll in the Supplemental Long-Term Disability Plan. Coverage provides additional coverage beyond the \$6,000 monthly cap under the basic LTD. You will receive 66 2/3% of your base salary between \$108,000 to \$216,000s in addition to any benefit received under the basic LTD plan. The maximum benefit for supplemental coverage is \$6,000 per month. You pay 100% of the premium. You can enroll in the Supplemental LTD plan when your first become eligible or during Open Enrollment each Fall. If you enroll after your initial eligibility, you must provide Evidence of Good Health and submit to a physical exam.

METLIFE ON-LINE  
DISABILITY CLAIMS  
RESOURCES



### One-time Special Enrollment Period for Supplemental Long-Term Disability:

You can enroll in this plan without providing Evidence of Good Health and submitting to a physical exam through November 13, 2023.



For more information  
**Click Here**

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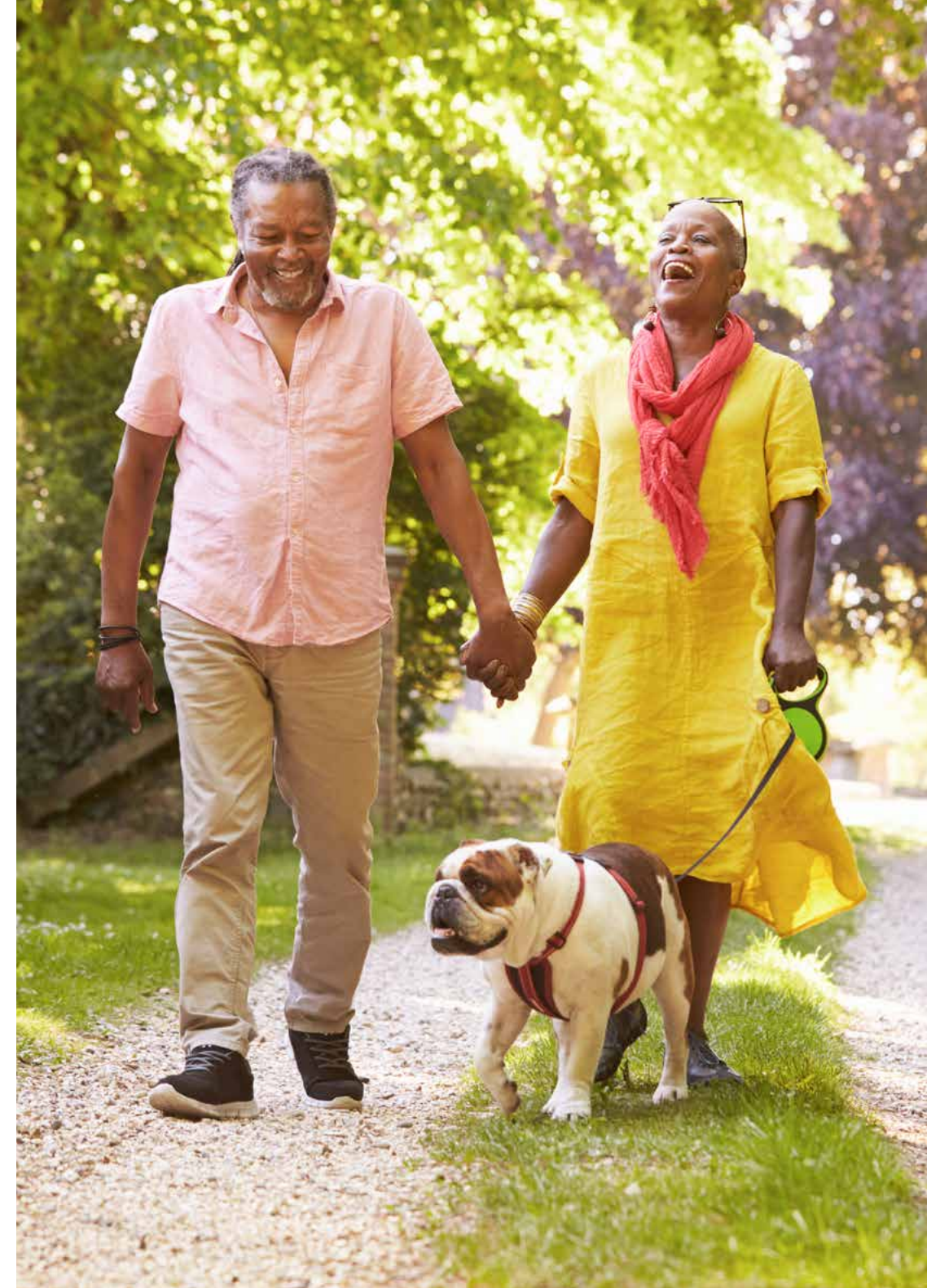


## RETIREMENT SAVINGS PLANS

You can save for retirement with pre-tax contributions to the 457(b) plan or post-tax contributions to the Traditional IRA or Roth IRA. Currently you can access funds while employed only through the 457(b) plan in the event of certain unforeseen emergencies and you must provide proof of not only your need, but the amount requested-cannot exceed your need.

The Commission has adopted several plan design options under the Secure Act 2.0. These options allow more flexibility for participants to access funds from their retirement savings accounts while employed for immediate emergencies without proof of need. The additional options will become available beginning January 1, 2024,

**On the following page, learn about 3 options offered under a 457(b) Plan, a Traditional IRA Plan and a designated Roth Plan.**



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# RETIREMENT SAVINGS PLAN OPTIONS

## OPTIONS UNDER THE 457(B) PLAN OR TRADITIONAL IRA PLAN.

### Domestic Abuse:

Plan participants who self-certify as victims of domestic abuse by a spouse or a domestic partner (your child(ren) or another family member living in the same household is also eligible if a victim of domestic abuse), can receive the lesser of \$10,000 (indexed for inflation) or 50% of your vested account balance. The distribution must occur within one year of experiencing domestic abuse. The 10% early withdrawal penalty will be waived. The maximum amount will be beginning in 2025.

Domestic abuse is defined as physical, psychological, sexual, emotional or economic abuse, as well as any efforts aimed at controlling, isolating, humiliating, or intimidating the victim or undermining the victim's ability to reason independently.

Participants may repay the amount withdrawn within the following 3-year period and receive a refund for income taxes on the amount repaid.

### Emergency Personal Expenses:

Plan participants who self-certify unforeseen or immediate financial needs due to personal or family emergency expenses may receive one emergency distribution per year without proof of need. The distribution will be the lesser of \$1,000 or the participant's vested account balance reduced by \$1,000. (For example, If the participant's vested account balance is \$1,250, the emergency withdrawal cannot exceed \$250.)

Participants cannot make another withdrawal in the next three calendar years without first fully repaying the amount of the withdrawal or making salary deferrals to the plan that equal or exceed the amount of the withdrawal.

Participants may repay the amount withdrawn within the following 3-year period and receive a refund for income taxes on the amount repaid.

## OPTION UNDER A DESIGNATED ROTH PLAN:

### Dedicated Emergency Savings Account:

Non-Highly Compensated Employees (earned less than \$150,000 in 2022 (based on IRS Indexed Limits) can contribute up to \$2,500 (post-tax) to a dedicated Roth plan. An early withdrawal penalty will not apply.

Participants may withdraw all or part of their account balance at least once each calendar month. Funds can be used for any reason penalty-free with no proof of need. Participants do not have to pay income tax on withdrawals since Roth contributions are includable in an employee's income when made.

Funds contributed in excess of \$2,500 will either be rejected or if the participant has a Roth retirement account in the plan, excess funds will be redirected to that account (these contributions cannot be directed to a pretax account within the plan).





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## 2024 PREMIUM RATES

Click on the **RATE SYMBOL** symbol to view the 2024 premium rates for the medical, prescription, dental, vision and group legal services plans. Employees will also find the premium rates for the long-term disability, and group term basic life and AD&D plans.



**FRATERNAL ORDER OF POLICE (FOP)**  
Bi-Weekly Premiums Effective 1/1/2024



**MCGEO, NON-UNION PREPRESENTED EMPLOYEES**



**CONTRACT EMPLOYEES**  
Bi-Weekly Premiums Effective 1/1/2024



**RETIRES AND SURVIVORS**  
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# REQUIRED BENEFIT NOTICES

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# CONTACT US

If you have questions about the benefits described in this guide, you can contact the Health & Benefits Office at [benefits@mncppc.org](mailto:benefits@mncppc.org) or 301-454-1694. You may also contact the benefit providers listed here.

BENEFITS PROVIDER	PHONE NUMBER	WEBSITE
<b>UnitedHealthcare (All Plans)</b>	1-800-603-4190 (M-F, 8 a.m. to 8 p.m.)	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Kaiser Permanente HMO with Prescription Drug Coverage</b>	1-800-777-7902 (24 hours a day/7 days a week)	<a href="http://my.kp.org/mncppc/">my.kp.org/mncppc/</a>
<b>-CVS Caremark -SilverScript (Medicare Eligible)</b>	1-800-421-5501, 1-800-231-4403 (TTY) 1-866-329-2088, TTY Users call 711	<a href="http://www.caremark.com">www.caremark.com</a>
<b>DeltaCare USA HMO and Delta Dental PPO</b>	1-800-422-4234 (DeltaCare HMO) 1-800-932-0783 (Delta Dental PPO) (Monday-Friday, 8:00 a.m. to 9:00 p.m.)	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>EyeMed Vision</b>	1-866-800-5457 (Monday-Friday, 7:30 a.m. to 11:00 p.m.) (Saturday-Sunday, 11:00 a.m. to 8:00 p.m.)	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>VOYA/Benefit Strategies</b>	1-888-401-FLEX (Monday-Thursday, 8:00 a.m. to 6:00 p.m.) (Friday 8:00 a.m. to 5:00 p.m.)	<a href="http://www.benstrat.com">www.benstrat.com</a>
<b>Securian Financial</b>	1-866-293-6047 (Monday-Friday, 6:00 a.m. to 5:00 p.m.)	<a href="http://www.LifeBenefits.com">www.LifeBenefits.com</a>
<b>Legal Resources</b>	1-800-728-5768 (Monday-Friday, 8:30 a.m. to 5:30 p.m.)	<a href="http://www.legalresources.com">www.legalresources.com</a>

